



State Trauma Care Committee minutes August 12, 2015

Call to Order

Brad Pickhardt called to order the regular meeting of the State Trauma Care Committee at 1215 on May 13, 2015 in Helena, MT

Members Present: Lauri Jackson, Sam Miller, Leah Emerson, Brad Von Bergan, Tim Sinton, Roberta Shupe, Elaine Schuchard, Denny Maier and Joy Fortin

Guests: Michelle Cole, Megan Hamilton, TC Coble, Ellen Stinar, Jim DeTienne, Gail Hatch, Robin Suzor, Barry McKenzie, Samantha Kaufman, Erik Fisher, Lyndy Gurchiek, Sue Noem, Harry Sibold, Britta Cross, Don Leatham, Kevin Box, Harry Sibold, Ken Threat, Drew Goss and Carol Kussman

Absent: Becky Arbuckle and Rick Haraldson

Minutes were approved and read from the May 2015 meeting.

RTAC Reports:

- **ERTAC Report-** 20 different entities and 45 people attended in person or via teleconferencing. Two cases presented with educational components on shock and thoracic trauma. Nine PI cases were pulled from the registry using the ERTAC Regional PI indicators. ERTAC very happy to receive the \$10,000 from the State for education and the \$3000 from HPP for scholarships to attend this years RMRTS.
- **CRTAC Report** – The meeting date was changed to August 4, 2015 and this region is also using the Trauma Registry to identify cases that fell out using Regional PI Indicators with great opportunities for improvement identified from those cases. One of the best attended RTAC's in a long time either in person or via teleconferencing. CRTAC was grateful for the \$10,000 for education purposes and the \$3000 from HPP for scholarships to attend RMRTS this year.
- **WRTAC Report** – Nurse meeting that precedes the main meeting will be a bit shorter in length. WRTAC identified 3 PI indicators using the trauma registry to identify those cases that fall out. Cases will still be presented for their educational opportunities or cases of interest. WRTAC was

grateful for the \$10,000 for education purposes and the \$3000 from HPP for scholarships to attend RMRTS this year.

OLD Business

Trauma System Update – Carol Kussman

- **PRQ revision:**

The Trauma systems section has been working on a new Regional and Area PRQ's which they adapted from Washington State but found it somewhat problematic and it wasn't as detailed as they would like it, so the ACS PRQ is being amended. Brad stated that he still wants the PRQ revision for State Designation Regional and Area Trauma Hospitals to be a priority.

- **ACS Verification**

Brad Pickhardt stated he is still unsure if his facility will continue with ACS Verification or have just state designation as a Regional Trauma Center. He states his facility will and needs to make the determination by the end of the month in order to get scheduled for a review in March. He stated he had been in touch with the ACS office but got a very poor response or no response about the rural perspective concerning the new requirements that needs to be in place for a Level II facility, which can be cost prohibitive. He has not heard of any results of reviews done with the new "orange" book (Resources For the Optimal Care of the Injured Patient 2014) that started in July. The annual national ACS/COT trauma meeting will be held in October and he will be attending. The slots for verification visits are filling up fast and they are booked through May of 2016. Billings Clinic is due for an ACS Level II re-verification visit in June and they were encouraged to get their application in as soon as possible.

- **Trauma Administrative Rules 37.104.3007.3030, MCA 50-6-415:**

There needs to be some minor changes to the Rules/ARM that reflect current practice for designation teams, the make- up of RTACs and the trauma registry. The make- up of the designation teams was also discussed in the PI subcommittee. The PI subcommittee concluded that it still needs to be two out-of-state surgeon reviewers who would perform a Regional Trauma Center visit with the state representative. It was thought it would be fine to have an out-of-state or in-state surgeon reviewer for an Area Trauma Hospital with a nurse reviewer and a state representative. The determination as it stands now for a Community Trauma Hospital and a Trauma Receiving Facility would be reviewed by an out-of-state or in-state surgeon reviewer, a nurse reviewer and a state representative. Jim DeTienne stated that the rules have minor revisions that the office can work on and send out a draft to the committee so that the rules process can move forward and be approved by March of 2016.

- **PM Study Update**

Dr. Tom Esposito is working through health issues and is actively engaged in re-writing the document and looking at the data. He has worked on the abstract for publication and the state office will need to put an end date to continue to move this project forward. There

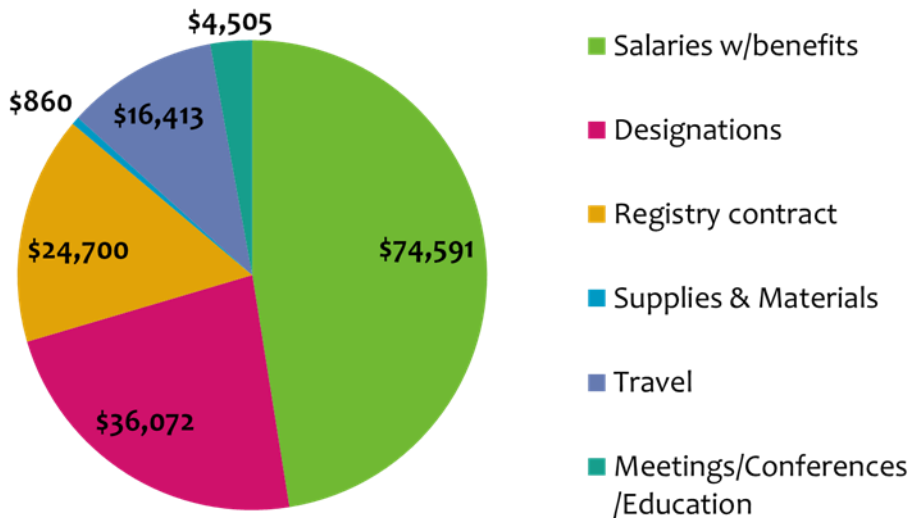
was not a change in the pre-hospital area but more opportunities identified in the ED phase of care and the Post ED Phase as more patients are living out of the ED phase.

- **System Funding....**

2016 the State Trauma Program has limited funding. There is no more funding of the trauma surgeon reviewer performing CAH designation visits. There are new proposals to obtain funding for a temporary position for CAH –PIN-Trauma Performance Improvement Coordinator. Additional funds were found in the State funds and each RTAC was give \$10,000 for EMS and Trauma education (TEAM course, Geriatric Module, PI/Topic courses, trauma coordinator and trauma registrar education). Hospital Preparedness (HPP) Hospital Preparedness Ebola Grant

Dayle Perrin is providing funds, amt. unknown at this time, to each RTAC for scholarships to RMRTS through federal Ebola grant if infectious diseases/Ebola is a topic.

Trauma System Budget:



- **Trauma System Surveys; System Funding Survey and the Follow-up of the Air Medical & Facility Resource Guide**

The Survey for the System Funding was sent out June 5, 2015 and closed July 31, 2015. 187 people responded with EMS having 87 responses, CAH 56, Acute Care 25, Air Medical 6 and Medical Clinic

1. Trauma Education and Grants was the most frequently prioritized area- and many people at the meeting talked about the difficulty getting education to them and the difficulty for those providers and staff to leave their facility/agency to travel to another community to obtain education and potentially putting their community at risk for medical/trauma coverage while they are away from the community.

2. Facility Staffing and support for trauma was the second most frequently supported option and it was also brought up about volunteer EMS education and support

This gives the State some direction in how to move forward with Trauma System funding

The ranking system was very difficult to use and expressed by many in the room.

- **Air Medical Resource Guide**-ongoing survey that most felt was helpful. Many comments back included the regional and area trauma facilities using it to identify the resources that the small community and trauma facilities have.

- **CV5 Conversion (Name of software program that is used by the State of Montana):**

CV5 conversion in January 2016 hopefully

Price was: \$33,75. The data migration \$50,000 was not part of the initial price.

Money obtained from Tobacco funds

Timeline:

Install by end of September

Training in Fall including ICD 10 training with go-live January 1, 2016.

CV4 would not be removed but still available to run reports and to use as reference for building reports in the CV5 Report Writer module.

- **Helmsley Grant/EMS funding**

A EMS Service Director Survey is being completed which also delves into the mayor issues with EMS from their perspective. All agencies need help with funding and education. It is very difficult to have staff travel out of their community to obtain education. The education needs to come to them. EMS is made up of 75% volunteers.

August 27, 2015 at the Capital here in Helena, there is a Stakeholder meeting to discuss the proposal of Sim Trucks which are expensive trucks with computer operated manikans to simulate medical and trauma scenarios with a set-up similar to the back of an ambulance or the ED These trucks can come to a community and provide education for EMS, Facility staff and providers and the community. This proposal is part of the Helmsley Grant and Jim DeTienne for-sees that it will have the backing of the public at large and use a non-profit approach regulated by a board and not the State EMS and Trauma office. This needs to be self- sustaining as funds to manage and operate are only available for 3 years.

August 16, 2015 is a community paramedicine stakeholder meeting to discuss the legislative funding for EMS and also he is looking at how the state of Utah was helping EMS agencies with funding. Utah made an EMS Medicaid assessment assigned to a agency that allowed for higher reimbursement. Jim is monitoring this assessment to see if it is making a difference in reimbursement for EMS.

Kevin Box the president of Montana Emergency Medical Service Association (MEMSA) states education needs to be taken out to the people in these small communities. There needs to be a way

to fund education that can be set up for a decreased fee so that instructors could go out to these communities and teach.

- **New Business**

Montana Trauma Systems Conference is September 23, 2015 the day before RMRTS. It will be at the Crowne Plaza in Billings. There is one free nights lodging at state rates provided. The education subcommittee of STCC today approved the brochure and agenda as well as wanted break-out sessions for like sized facilities to occur at lunch. The agenda includes;

Digital Innovations on-site training on use of the DI Report Writer (software based)
Mike Glenn, Trauma/Surgical PI Coordinator at Harborview Medical Center
PIN network panel discussion
Session with groups identifying case PI issues, documentation and using new JCAHO Taxonomy in determining opportunities for improvement
Best practices

Rocky Mountain Rural Trauma Symposium is September 24-25, 2015 in Billings at the Crowne Plaza Hotel and registration is open and on-line at www.45pr.com.

Mass Gathering Medicine
Donning/Doffing & Fit Testing
Mechanism of Injury
EMS Role in Prevention
CSI: Partnering Forensics with Trauma Care
Predictive Modeling: Compensatory Reserve Index
Multiple Geriatric & Pediatric topics
Drowning Resuscitation
Street Drugs
Infectious Disease

There will be no planning lunch for next years RMRTS 2016 in Helena with CRTAC as the host this year due to the preparation on Day 2 for the pediatric session, donning and doffing, FIT testing and infectious disease talk. Lauri Jackson was concerned that if a conference call in October takes place she will have very limited participation from CRTAC in the planning for RMRTS. Carol proposed a breakfast meeting on Day 2 and this will be discussed at the next RMRTS planning call.

Carol will send an email out to the TMD to see if there is any interest in a COT planning breakfast. Brad Pickhardt said he would not be attending. ATLS planning is discussed which will include any raising of the fees and the addition of the 5th ATLS course to serve the need.

This year ERTAC wanted to offer a cadaver lab through Teleflex on September 23, 2015 at no cost to the participant. This is an educational opportunity separate from RMRTS and the MTS conference. There will be opportunities for EZ-IO insertion practice, airway/intubation and provider skills. To sign up go to www.eziolab.com

- **Trauma Data Report-** being worked with data from 2008-2013 with a 2014 separate report that is made for the public to understand what the Trauma System is looking at. This report will include system information and background, trauma event count, patient demographics, injury characteristics and outcomes. This will be available this fall and early winter, hopefully.

- **ATLS**

Added September 11-12, 2015 course in Helena due to the volume of people on the wait list or requesting a course. There will be no refresher course available with this course. It is FULL with only two auditor slots available

November 6-7, 2015 in Billings is FULL except a 1 refresher slots

The Montana Committee on Trauma will look at the possibility to adding a 5th course next year and where that course should be held at the meeting at RMRTS in Billings.

Below are the proposed 2016 ATLS course dates excluding the date and location of the 5th course.

<ul style="list-style-type: none"> • Feb 26-27 • March 11 – 12 • April 1 –2 • November 6 – 7 	<ul style="list-style-type: none"> • Benefis, Great Falls • Billings Clinic, Billings • St. Pats, Missoula • St. Vincent/Mansfield Billings

STCC committee openings

MEMSA- Montana EMS Association

ACEP- American College of Emergency Physicians and Dr. Sibold said ACEP was putting Zach Sturgis's name forward.

EMS update

Janet Trethewey has joined the office as the Cardiac Ready Communities Coordinator as part of the Helmsley Grant. Janet comes from Havre and has degrees in athletic training and sports medicine as well as an EdD in adult/higher education. After 25 years in academics at MSU Havre. She was recently conducting training sessions in EMS Region 6 which is southeastern Montana and twelve communities received the Lucas device (automated chest compression device) which frees up providers to perform procedures during the resuscitation. Those communities are; Hysham, Forsyth, Colstrip, Lame Deer, Miles City, Terry, Glendive, Broadus and Wibaux.

There is a great need for development of a statewide cardiac care program for Montana which helps stimulate better patient outcomes from cardiac events. The rural nature of Montana often prevents even the best of emergency service systems from arriving at rural scenes in time to help cardiac arrest patients. Hence, the development of Cardiac Ready Communities around the deployment of automatic compression devices offers a unique opportunity to improve several elements of a system of cardiac care.

A key strategy of this project is to advance care in all EMS agencies and hospitals in the State by installing automated chest compression devices to perform CPR when cardiac arrest patients present or are encountered. Because the automated chest compression device delivers effective and consistent chest compressions with a minimum of interruptions, implementation of this life-saving equipment will provide the patient with the best available chance for survival. CPR performed at consistent depths and rates of compression, and with minimal interruption, improves outcomes while the patient is being treated and transported as well as in the hospital. Utilization of chest compression devices has the potential to increase survival rates 30% to 50%.

- **Pediatric/Child Ready- Robin Suzor**

EMSTS has begun making visits to facilities for pediatric facility recognition as a pediatric prepared or pediatric capable facility. St. Vincent's is a pediatric prepared facility and Billings Clinic Stillwater in Columbus and Philips County Hospital in Malta are pediatric capable facilities. Robin is scheduling visits across Montana, so you can expect a call from her. They have found these common missing elements that need to be in place during these visits; general policies concerning pediatric patients, lack of mass casualty with specifics to pediatrics, interfacility transfer guidelines, and injury prevention activities. She is providing funding that will come to your community for ENPC courses (Emergency Nurse Pediatric Course) for nursing and EPC (Emergency Provider Course) for EMT's free of charge.

Erick Fisher talked about the Pediatric Symposium offered by Colorado's Children's Pediatric Emergency and Trauma Symposium August 27-27, 2015 in conjunction with St. Vincent's Healthcare in Billings. This conference will also be televised using teleconferencing so that training can occur

remotely at a decreased cost. Please contact Erik Fisher for more information or signup, eric.fisher@sclhs.net. Robin Suzor states her program can help with the costs of attending this conference.

- **Injury Prevention- Jeremy Brokaw**

A powerpoint presentation was given concerning morbidity and mortality data using hospital discharge data.

- **Q1 2015 Data Report – Carol Kussman**

Data was provided on ED dwell time for facilities by size of facility, patients who did not get a trauma team activation but qualified by physiological criteria (3 children under 6 yrs of age and 4 patients over the age of 62 with a fall and a GCS of 3-13), and transfer out of State.

Committee Reports

- **PI/Designation sub- committee:**

There were designations for Providence St. Joseph Hospital in Polson, Pondera Medical Center in Conrad, St. Peter's Hospital in Helena, Mountainview Medical Center in White Sulphur Springs and Trinity Hospital in Wolf Point. As discussed earlier there was discussion on ACS verification and Rules revision.

- **Education sub-committee:**

The Montana Trauma Coordinator Course is being revised. Several modules were reviewed and edited. The brochure for Montana Trauma Systems was okayed with the addition of breakouts for like-sized facilities to occur at lunch, which will be added.

- **Round table**

Sam Miller wanted to discuss looking at patient transport by Air medical looking closely at over utilization. Not all patients need or have justification of air transport but it can be justified that an EMS agency cannot leave the community. Any many EMS do not have the skill set to transport the patient, thus a transfer by air medical. This can be very expensive leaving financial ramification for the patient. An Action plan was developed for all Regional and Area Trauma Hospitals to look at people flown in by air medical that were discharge home from the ED and discharged from the facility within 24 hours for the last 5 years and report the finding back to STCC in November. Michelle Cole will take the lead on this project. It will be broken down into scene calls, interfacility tranfers, geographical area, location, time and distance and available resources. Don Leatham recommended this study be provided to the Air Medical Work group as well.

Dr. Sibold reported the Congress is working on increasing Medicare reimbursement which could help facilities and agencies alike.

Jim Detienne states he is re-writing the EMS rules as well . He described what is happening with SJR 29 study bill which is looking at Air Medical fees and subscriptions . There next meeting is September1, 2015 at 10AM.

The meeting concluded at 2:45PM with no public comment. **The next meeting is November 18, 2015 in Helena.**